
Petition for Status Change

A *change of status* includes any situation in which a student is changing, or will discontinue a program of study at Western State for an extended period of time. Please review your Student Handbook before submitting this form.

Date _____

Student Number _____

Name

Address

City, State ZIP

Current Semester _____

Current Program: Full-time Part-time Day Part-time Evening

Request: Withdrawal Leave of Absence Visitorship Other _____
Change my program of study to Full-time Part-time Day Part-time Evening

Reason: Death in the Family Maternity
 Financial Reasons Illness
 Personal Reasons Other: _____
 Transfer to another Law School _____ (list the name of the new law school)

Effective: When would you like this change to become effective? fall ____ spring ____ summer ____

Dates of Attendance at WSCL: First Term: _____ Last Term: _____ Expected Return Date: _____

My new anticipated graduation date is: _____ (Complete if requesting a change of program (FT to PT or PT to FT) or a Leave of Absence)

Student Comments _____

If you receive Financial Aid, you must discuss the implications of this request before submitting this form.

Student Signature: _____ Date: _____

Student Finance Comments _____

Student Finance Officer: _____ Date: _____

Staff Comments _____

Dean's Signature: _____ Date: _____

Student Services Office: _____ Date: _____

Please submit all copies of this form. White – Student Services/file Yellow – student Pink – Student Finance